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THE EFFECT OF FAMILY SCULPTING ON PERCEPTUAL
AGREEMENT AMONG FAMILY MEMBERS

by

John Bruce Jessen

A dissertation submitted in partial fulfillment
of the requirements for the degree

of

DOCTOR OF PHILOSOPHY

in

Psychology

Approved:

UTAH STATE UNIVERSITY

Logan, Utah

1979

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John Bruce Jessen

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ABSTRACT

The Effect of Family Sculpting on
Perceptual Agreement Among Family Members

by

John Bruce Jessen, Doctor of Philosophy

Utah State University, 1979

Major Professor: Dr. William R. Dobson
Department: Psychology

The primary purpose of this study was to investigate the effect of family sculpting on perceptual agreement among family members.

Thirty families, each consisting of a father, a mother, and a child twelve years old or older, from areas of northern Utah and eastern Idaho participated in the study. The following instruments were administered to all individuals: a biographical questionnaire containing items regarding age, sex, occupation, education, number of years married for parents, and birth order position for children; the Interpersonal Check List in which each family was to describe him/herself and the other members of the family; the Family Life Questionnaire which measures satisfaction in the family; and, finally, the experimental group was also administered the Subjective Check List which is a self report measure of the subject's experience with the experimental treatment.

Three hypotheses were made regarding the effect that family sculpting would have on perceptual agreement among family members in the experimental groups:

1. There would be no significant difference between experimental and control groups in terms of perceptual agreement among family members after family sculpting as measured by the Interpersonal Check List.

2. There would be no significant difference between the low-satisfaction experimental group and the control group in terms of perceptual agreement among family members after family sculpting as measured by the Interpersonal Check List.

3. There would be no significant difference between the high-satisfaction experimental group and the control group in terms of perceptual agreement among family members after family sculpting as measured by the Interpersonal Check List.

To test the hypotheses, analyses of covariance were computed for pre and posttest scores on all eight scales of the Interpersonal Check List, and on the Family Life Questionnaire.

It was found that when the pretest means were held constant there was a difference on posttest means between the group which received family sculpting and the group that did not, on five of the twenty-four analyses. As a result of these findings all three hypotheses were rejected. However, notwithstanding a difference did exist, an examination of the unadjusted and adjusted means showed paradoxical results in that the level of perceptual agreement for the group which received family sculpting increased in three instances and decreased in two instances. Thus, it was determined that family sculpting may have facilitated changes in the perceptions of family members, however, it was not found to be effective in increasing perceptual agreement

among family members. Further consideration would suggest that, in terms of a therapeutic approach, these possible changes in perception may be of value in breaking down maladaptive family communication patterns and establishing more adaptive ones.

(86 pages)

CHAPTER I

INTRODUCTION

The importance of perceptual harmony among family members has long been recognized as a vital factor in the psychological and social adjustment of the family, both collectively and individually (Alexander, 1977; Albas, 1973; Duberman, 1974; L'Abate, 1974; Leuba, 1962; Hennion, 1974; Jensen, 1974; Spitzer, 1964). Perceptual agreement exists when two or more individual's descriptions of themselves and each other are the same. The importance of perceptual agreement is emphasized in family and individual therapy by the essential process of "labeling" and "defining" accurate perceptions of family members in terms of intra-familial relationships (Ackerman, 1966; Bing, 1970; Foster, 1963; Fox 1976; Kazlow, 1977; Kwiatkowska, 1967). In discussing the importance of accurate intrafamilial perceptions, Leuba (1962) states: "The essence of sound interpersonal relations would seem to be the mutual clarification of expectations." Erickson (1972) expands this statement when he says: "Not only does the person have a lively conception of his own role in the family, but he has a sense of the roles of all other members of the family and notions of what family life is or ought to be." Erickson goes on to explain that when mutual perception is reached an "equilibrium" is re-established and a new pattern of family life will merge, better adapted to the new situation. Great emphasis has been placed on the role of intra-familial perceptions in the fields of psychotherapy and social work (Baird, 1974; Enrenwald, 1963; Griffin, 1976; Mishler, 1968; Pavlin, 1975; Reddy, 1974; Trenholme, 1975; Zuk, 1971).

In an effort to understand more clearly the perceptions individuals have of themselves and their family members, various therapeutic and assessment techniques have been developed (Anderson, 1976; Bing, 1970; Bos, 1974; Cassesse, 1973; Eng, 1954). Examples included mourning stimulation (Paul, 1972), various projective tasks such as asking the family to plan an outing or vacation together or take a family Rorschach or a family drawing test (Kazlow and Friedman, 1977), Psychodrama (Moreno, 1946) and Family Photo Reconnaissance (Anderson and Malloy, 1976).

One such technique used in family therapy to facilitate perceptual agreement is Family Sculpting (Ferber, 1973; Kazlow and Friedman, 1977; Papp, 1973; Simon, 1972). Family Sculpting is a therapeutic technique in which each family member arranges the other members in a tableau which physically symbolizes their emotional relationship with one another (Papp, 1973). Each creates a live family portrait placing members together in terms of posture and spacial relationships representing action and feelings. The essence of one's experience in the family is condensed and projected into a visual picture. Papp (1973) concludes "this picture is literally worth a thousand words, revealing aspects of the family's inner life that have remained hidden. Vague impressions and confused feelings on the periphery of awareness are given form through physical expression."

The therapeutic technique of Family Sculpting is commonly utilized today based on the assumption that is facilitates perceptual agreement among family members, however, there is a lack of research evidence on the effectiveness of Family Sculpting in terms of actually facilitating perceptual agreement. In reporting on the role of family

sculpting in psychotherapy, Simon (1972) stated: "The value of family sculpting ought to rest on a firmer foundation through clinical research." However, the research that has been conducted is reported as being "tentative" and "paradoxical" (Papp, Silverstein and Carter, 1973).

This researcher's review of literature did not produce any research evidence as to the effectiveness of Family Sculpting in facilitating perceptual agreement among family members. Considering this lack of research evidence and the implications of this knowledge for psychotherapists, it appears there is a need for further research in this area.

Purpose and Objectives

It was the purpose of this study to investigate the effectiveness of family sculpting in terms of facilitating perceptual agreement among family members.

Therefore, the objectives of this study were:

1. To determine if family sculpting had an effect on perceptual agreement among family members.
2. To determine if family sculpting had an effect on perceptual agreement among family members in families described as low satisfaction families.
3. To determine if family sculpting had an effect on perceptual agreement among family members in families described as high satisfaction families.

For the research objectives to be met, it was, of course, necessary to have the appropriate measuring instruments. The Interpersonal

Check List and the Family Life Questionnaire were used in this study. Both the Interpersonal Check List and the Family Life Questionnaire were used as the pre and posttest measures. The Family Life Questionnaire was also implemented in order to identify high and low satisfaction groups among the experimental population, corresponding to hypotheses two and three. A detailed description and explanation of the development of these instruments are given in the methodology section.

Hypotheses

Corresponding to the stated objectives the following null hypotheses were drawn:

1. There will be no difference between experimental and control groups in terms of perceptual agreement among family members after family sculpting as measured by the Interpersonal Check List.

2. There will be no difference between the low-satisfaction experimental group and the control group in terms of perceptual agreement among family members after family sculpting as measured by the Interpersonal Check List.

3. There will be no difference between the high-satisfaction experimental group and the control group in terms of perceptual agreement among family members after family sculpting as measured by the Interpersonal Check List.

Definition of Terms

Family Sculpting

Family sculpting is a therapeutic process in which each family

member arranges the other members in a tableau which physically symbolizes their emotional relationship with one another.

Discrepancy Score

The discrepancy score used in this study was based on family members ratings of each other on the eight Interpersonal Check List (ICL) scales. This discrepancy score was derived by having each of the three family members describe themselves and the other two members on items from the ICL scales. This yielded nine raw scores per family for each of the eight scales on the ICL, or three descriptions of each family member. A discrepancy score would then be computed for each family member on each of the eight ICL scales. For example, if on scale 1 the father's description of himself resulted in a raw score of 7, the mother's description of the father resulted in a raw score of 6, and the child's description of the father resulted in a score of 5 the family's discrepancy score for the father would be 4 on scale 1. The discrepancy scores for the mother and child would be computed in the same manner. After the discrepancy scores were computed for each of the three family members, as illustrated above, those three discrepancy scores were added together to yield a total family discrepancy score for each family on each of the eight ICL scales. This discrepancy score was based on Leary's (1956) assumption that each of the sixteen items included on each of the eight scales represent an equal portion of the given personality characteristic which the scale measures.

Perceptual Agreement

Perceptual Agreement exists when two or more individuals description

of themselves and each other are the same. For the purpose of this study perceptual agreement was determined by the level of discrepancy which existed among family members as measured by the Interpersonal Check List. It was assumed that the lower the discrepancy the higher the perceptual agreement.

CHAPTER II

REVIEW OF LITERATURE

This review of literature will focus on: (1) the importance of perceptual agreement in the family, (2) family therapy and perceptual agreement, (3) and overview of communication theory, (4) therapeutic techniques in family therapy, and (5) family sculpting.

Importance of Perceptual Agreement in the Family

The essential role of perceptual harmony in the family and explanations of its disturbance having long been a center of discussion and research in the fields of Psychology, Psychiatry, and Social Work (Alexander, 1977; Heilbraum, 1960; Kolb, 1973; Rosenberg, 1965; Spitzer, 1964). Satir (1972) proposes that inter-familial disturbances reflect dysfunctional communication and low self-esteem in the family. Two circular processes appear to be operating in the dysfunctional family. First, children learn inadequate communication patterns from their parents which contribute to low self-esteem (Satir, 1967). Such children tend to avoid interpersonal relationships and intimacy; they are often dependent, submissive, and easily influenced by others and often feel anxious, threatened and lonely (Rosenberg, 1965). They perceive their parents as being uninterested in them. Thus, whether or not one sees family communication patterns as functional or dysfunctional is not the determining factor in an individual's reaction to his environment. The individual's attitudes and behavior depend upon his response to his perceptions of his family, and

researchers must take this fact into account (Cassesse, 1973; Heilbrun, 1960; Itkin, 1952, 1955).

The relationship between dysfunctional perceptual agreement among family members and psychosomatic disease has drawn the attention of Psychology and Psychiatry (Meissner, 1974). Meissner reports in the Journal of Psychiatry and Medicine that the "family emotional system" is a key factor in the precipitation of psychosomatic illness. He states that the effects of family discord and misperceptions most certainly contribute to such disease. The critical role of family interaction and understanding is borne out in a recent study of adolescent suicidal behavior. In an investigation of family interaction and understanding it was found that a significantly greater lack of understanding and family interaction existed in families of suicide victims as compared to non-suicide affected families (Williams, 1976). Schmid (1974) conducted a study on the perception of family relationships of families with disturbed children. His sample was taken from the public school system of children ages 8-13 and their families. The families were administered the Family Relations Test and a number of demographic questionnaires. In reporting this finding Schmid concluded that there was a strong relationship between level of family relationship and positive adjustment of disturbed children for high level relationship families.

In a recent Study Scott (1974) looked at the relationship between patients who eventually became chronically ill and were hospitalized and those who were not. In reporting this finding he stated that whether or not a patient became chronically ill and hospitalized was closely associated with the patient's relationship with his/her

parents. The patients of parents who were judged as being more effective in communicating their feelings and concern were less likely to receive intensive, hospitalized care.

Research on perceptual agreement between spouses has been found to be related to marital satisfaction. Perceptual agreement, as a function of communication between spouses, was examined by Taylor (1965). In reporting his findings Taylor concluded that: (1) couples with similar perceptions of each other have less difficulty in interpersonal relationships, (2) marital adjustment is related to empathic accuracy in perception, and (3) marital dissatisfaction is related to a negative attitude about perceptual agreement between mates. In further research, Mangus (1957) concluded that discrepancies in reciprocal role descriptions of spouses were related to a maladaptive marriage. The wife may view her husband differently than he perceives himself, or the husband may find the wife to possess qualities very different from those he perceives she actually possesses. Luckey (1960) supports these findings by stating that marital success depends on the congruency between the husband's self concept and his concept of the ideal husband along with the congruency between the wife's perceptions of her husband and self. This view is also sustained by the research of Murstein and Beck (1972). They distinguish the following aspects of marital satisfaction as related to self acceptance and perceptions of one's mate: (a) self acceptance is significantly correlated with marital adjustment, (b) general similarity is significantly correlated with marital adjustment, (c) the accuracy in predicting the partners response is significantly correlated with marital adjustment, (d) the accuracy of the perceptions

between husband and wife are significantly correlated with marital adjustment, and (e) role compatability is significantly correlated with marital adjustment. Further evidence of these research findings is provided by Preston, Peltz, Mudd, and Froscher (1952) who discovered that satisfied marital partners showed a high correlation between rating themselves and their partners.

During recent years there has been increasing awareness of the importance of communication in human relations and growing evidence of communication failures in troubled families. Ard (1969) states that most workers in the social science professions would agree that communication difficulties are basic in many family problems. Matteson (1974) conducted a study on adolescent self-esteem and family communication. One hundred and eleven subjects, 14, and 15 years of age, were administered the Coopersmith Self Esteem Inventory, eliciting adolescents perceptions of their communication with their parents. The ten males and ten females with the lowest scores and the ten males and ten females with the highest scores were identified to form two groups. Parents of these students completed questionnaires concerning parent-adolescent communication and marital communication and adjustment. The study concluded that adolescents with low self-esteem viewed communication with their parents as less facilitative than did adolescents with high self-esteem. Parents of adolescents with low self-esteem perceived their communication with their spouses as less facilitative, and rated their marriages as less satisfying than did parents with the high self-esteem group. There was lack of congruence between the perceptions of adolescents with low self-esteem and those of their parents. In discussing the importance of "open"

meaningful relationships among family members, Carroll (1973) emphasizes the "inevitability of the nuclear family" in healthy inter-familial adjustment. She views family interaction and communication as essential for meaningful, productive relations.

Family Therapy and Perceptual Agreement

The treatment of the family rests on the premise that the substance of primary relationships provides the optimum area in which problem-solving and conflict resolution may take place. These relationships must be evaluated in order to determine their import on family members (Burton, 1972; Mishler, 1968; Patterson, 1973; Haley, 1962).

In discussing family therapy and the importance of inter-familial relationships, Solomon (1973) comments that "evaluation of the family provides the most comprehensive base on which to construct sound treatment plans." Until all the relationships which exist within the family are explored and accurately identified, the family unit cannot progress in the optimum therapeutic manner.

Family psychotherapy is a special method of treatment of emotional disorders, based on dynamically oriented interviews with the whole family. It is the therapy of a natural living unit, embracing all these persons who share the identity of family and whose behavior is licensed by a circular interchange of emotion. The family is viewed as a behavioral system with emergent properties different from a mere summation of the characteristics of its members (Ehrenwald, 1963; Kwiatkowska, 1967; Mishler, 1968; Zuk, 1971). the behavior of any one of its members may be interpreted in four ways, according to Acherman (1966), as a symptom of the psychopathology of the family

unit, as a stabilizer of the family; as the healer of the family disorder; and as the epitome of the growth potential of the group.

Treatment focuses on the relations between the psychosocial functioning of the family group and the emotional functioning of its members.

There exists a growing trend to utilize the resources of family members in the therapeutic process. This trend has as its focal point the importance of consistent intra-familial perceptions among family members. One such therapeutic approach is Missildine's (1962, 1963) "mutual respect balance" approach to parenting which recognizes that it is essential for both parent and child to grow in an atmosphere which highly values positive self-regard and does not allow infringement of the rights of either parent or child. The concept of parents as primary therapists, Filial Therapy, also includes accurate perceptions of family members as a basic tenet. Filial Therapy is a psychotherapeutic technique utilizing parents as therapeutic agents who intercede at the primary prevention level for their own children. It was developed and named by Guerney (1964). However, the prototype for this approach to the treatment of the family was discussed by Freud (1909) in his "Analysis of a Phobia of a Five-Year-Old Boy" or "Little Hans". This therapy reinforces mutual understanding and communication in the family unit. Transactional Analysis (TA), designed by Berne (1966, 1972), has also provided the basis for an effective, perceptually oriented family therapy. James (1973, 1974, 1971) and James (1973, 1976) have done extensive work on the development and implementation of a transactional analysis approach to family therapy. This therapeutic approach emphasizes mutual insight into the "feeling" and "motivation" of family members' behavior.

Feildman (1976) supports the necessity of dealing with the relations and perceptions which exist among family members when he says, "alerting the nature of family interactions is basic to family therapy."

An Overview of Communication Theory

The therapeutic techniques implemented in family therapy are traditionally based on Communication Theory. Therefore, it would seem prudent to include a brief overview of this theory, whereas these techniques are direct extensions of the same.

In order for interpersonal communication to exist, messages-signals that serve as stimuli for a receiver-must be sent and received, and they may be auditory, visual, tactile, olfactory, gustatory, or any combination of these. We can communicate by gesture, touch, smell, taste, vision, as well as by sounds. These messages need not have been sent intentionally (Penland and Mathi, 1974).

Interpersonal communication involves at least two persons but may involve a small group, such as the family. Three main constructs of communication theory are: (1) interpersonal communication cannot occur with oneself. Communication with oneself is termed intrapersonal communication, which, becomes important in terms of integrating messages received in interpersonal communication. (2) Interpersonal communication deals with people. (3) Interpersonal communication occurs between two people or a small group of people. It excludes, however mass communication and public speaking situations in which there is a large audience and a message goes from speaker to audience but not from audience to speaker (lin, 1973).

In order for interpersonal communication to occur, the messages must be received. If a situation is to involve interpersonal communication, there must be some effect. Effects may, of course, range from total understanding to total confusion. The receiver must be affected in some way by the message sent. The effects of the message need not be overt or readily observable. However, for interpersonal communication to exist, the receiver must be somehow different as a result of receiving the message (Danziger, 1976).

Feedback is the message sent by the receiver, unintentionally or not, back to the source. It is crucial to intrapersonal communication and often distinguishes this form of communication from other forms. In interpersonal communication there must be some relatively immediate feedback (Danziger, 1976).

The field of Psychology has approached communication theory through several models. For example: Stevens (1950) defined communication as the discriminatory response of an organism to a stimulus. Stevens was, in effect, categorizing communications as a form of the general learning process. Fearing (1953) specified communication as involving (1) the existence of some specific tensional states related to perceived instabilities, disturbances, or needs in the psychological fields of the individuals involved, (2) the production of a structured stimulus field (communication context), consisting of signs and symbols, and (3) the achievement of a more stable organization through the cognitive restructuring of the fields induced by such content. This definition puts communication in the framework of the psychological balance (tension-reduction) area. Hall (1959) suggests that communication is culture and culture is communication.

Finally, Lin (1973) states; communication can be viewed as a "scientific field in which the nature of human symbolic exchange is studied."

These various models of communication theory have led to several psychotherapeutic approaches emphasizing the building of communication and relationship skills. In 1968, a small group of family therapists, researchers and therapists from the University of Minnesota Family Study Center and the Family and Children's Service of Minneapolis began elaborating concepts from the family development framework (Hill and Rodgers, 1964). This group chose to focus on the critical role transition from engagement into marriage (Rappaport, 1963). As this study was expanded to married couples and married groups, the researchers found that it was very difficult for members of a social system to simultaneously participate in and monitor the system. Nevertheless, humans are able to step outside the circle of their own ongoing interaction with another person and temporarily talk about "how we communicate", "how we make decisions", or "how we deal with tension between us". Thus, it was concluded that people could be taught to meta communicate effectively, couples and families establish procedures for self-monitoring, regulating, and directing the "rules" of their relationship, and consequently, the relationship itself. The result of this work was the formation of the Minnesota Couples Communication Program (MMCP): Premarital and Marital Groups (Miller, Nunnally, and Wackman, 1975).

Another example of the extension of communication theory to therapeutic intervention is the Conjugal Relationship Enhancement Program (CRE) (Ely, Guernsey, and Stouffer, 1973). The rationale and therapeutic philosophy underlying the CRE program states that family

members can be taught to utilize client-centered skills of communication within their own relationship. Regarding therapy, it is hypothesized that if family members can successfully employ these techniques in their family, the result will be a more trusting and satisfying relationship without continuing dependency on the therapist educator.

Many other studies in marital dynamics clearly indicate the importance of communication in a functional marriage (Bernard, 1964; Burgess and Wallin, 1953; Cutter and Dyer, 1965; Shipman, 1960; Terman, 1938). These studies report that effective communication was highly correlated with good marital adjustment, while poor communication was commonly associated with poor marital adjustment.

Therapeutic Techniques in Family Therapy

Deriving their basic impetus from communication theory, many of the therapeutic techniques which are employed in family therapy are directed at defining relationships and clarifying perceptions of individual family members and the family as a unit. Examples of these techniques include still and motion pictures (Cornelison and Arsenian, 1960), recorded minutes of group therapy (Golner and Gesses, 1959); tape recordings of individual patients (Wolberg, 1954; Abell, 1963), tape recordings of families in treatment (Satir, 1972), video tape recordings of therapist-family interviews (Spitzer, 1964), psychodrama (Moreno, 1946; O'Connell, 1975; Simon, 1972), projection tasks such as family planning, the family Rorschach or the Family Drawing Test (Kazlow and Friedman, 1977), gaming approaches such as "The Family Contract Game" (Blechman, 1974; Blechman, Olsen, Schornagel,

Halsdorf, and Turner, 1975), training family members in conflict negotiation skills (Rappaport and Harrell, 1972), and network therapy (Speck, 1967).

Family Sculpting

Of the therapeutic techniques derived from communication theory in family therapy, the one which appears most consistent with the traditional therapeutic stance and at the same time inclusive of the more modern approaches of psychodrama and perceptual agreement is family sculpting (Ferber, 1973; Kazlow and Friedman, 1977; Papp, 1973; Simon, 1972). Family sculpting is a therapeutic process in which each family member arranges the other members in a tableau which physically symbolizes their emotional relationship with one another (Papp, 1973).

In a recent article Kazlow and Friedman (1977) discuss the importance of family sculpting in terms of eliciting perceptions which "bring members of a family into touch with feelings they have toward one another" through the positional and configurational arrangement of family members. Underlying the use of this intervention is the assumption that interactive patterns can be beneficial in understanding the family, facilitating appreciation of one another's feelings and growing mastery over unresolved conflicts. Prosky (1974) views sculpting as a process which should furnish one with a working diagram of some of the major qualities and content of the relationships among the members of one's family. She sees sculpting as "uniquely useful in family therapy" in terms of physically placing the actual members of the family with relation to each other and to the family sculptor as he/she sees them. In doing this, an entity

emerges with very special features, the most striking, according to Prosky, is the sensate element:

A family has the opportunity to see and feel its characteristic self, rather than dealing in fantasies and abstract, intellectual concepts. Yet it tends to be a relatively nonthreatening way to lead a family to understand itself or some aspect of itself, since the method is experienced as a kind of game, and in the end, everyone's in it together. There is no way to demonstrate the element of time, so that the menacing, misleading aspect of who started a conflict or who is "basically" to blame cannot enter. The family system presents as the process-the gestate-that it is. (Prosky, 1974 p. 110).

In the process of sculpting often revelatory truths emerge, aspects of a person's role which were never in awareness before. For instance:

A family which sculpts as a cluster, with one punitive member seen as standing off and lecturing threateningly, may for the first time experience the extremely lonely aspect of the dominating figure as it sees him standing separate, unsupported, unprotected. This insight may give a whole new coloring to that position and lead the family to regroup, including the formerly distant member who has become no longer so threatening. Or a family member who is seen as supportive and carrying the entire family may find his physical position in the sculpture untenable and bodily collapse, expressing how untenable and precarious the current family balance is. Dramatic insights such as these speed the process of therapy immensely. (Prosky, 1974, p. 110)

In reporting on the importance and extensive use of family sculpting, Jefferson (1978) states that "at the Boston Family Institute, sculpting, or spatialization, is thoroughly integrated into the training program for therapists; faculty and students use it so frequently as both a teaching technique and a tool for group problem-solving that it easily and naturally becomes a basic part of the therapeutic style of graduates." Jefferson concludes that

spatialization (family sculpting) provides the therapist and the individuals participating in the sculpting with valuable information about "problems" which may exist in the group, improved "awareness", and "at worst, the spatialization moves the client toward thinking about patterns that he or she seems to avoid noticing, and it gives the therapist openings that can be explored by the use of other techniques". The increasingly common appearance of workshops, films, and articles on sculpture shows that it is an important new tool for therapists (Papp, 1976; Simon, 1972).

The role of the therapist is extremely important to the process of family sculpting. The therapist sets the stage by instructing the sculptor to create his impression of the family, capturing some important characteristics of how family members appear as individuals and how they relate to one another. The therapist should take a tour around the tableau and among its figures (Ferber, 1972), commenting on what he sees, how he interprets and what he feels about what he sees. He may converse with the figures as he goes, and he may invite the sculptor to accompany him in this whole process.

It is possible to have every member sculpt the family as he sees it (Ferber, 1972; Papp, 1963; Prosky, 1974). It is important for the sculptor to give concrete instructions with respect to detail: What is the expression on a person's face? Where and how does this one touch that one? Or is there no physical contact? After the sculpture is completed, the next step is to ask everyone how they feel in the positions in which they have been placed (Prosky, 1974; Simon, 1972).

Before turning the task over to a new sculptor the therapist may ask the sculptor of the existing tableau to change it in any way

he wishes. The inspection and interpretation tour is then repeated. This remodeled tableau often sheds additional light on what changes he would like to see (Papp, 1963).

Ferber (1972) sees family sculpting as having these essential "virtues", (1) it entails touching, a fact of great importance in families which have minimized this modality of communication, (2) its nonverbal nature allows for the representation of some important family features which may otherwise elude expression, either because of reluctance to speak them or difficulty in putting them into words, (3) each family member has an opportunity to make a dramatic statement about how he sees and how he would like to see the family members individually and in relation to one another; the rotation of the role of "sculptor" permits even children to experience themselves as having the right to make powerful statements about the family.

The import of sculpting on the family according to Ferber (1972) is sometimes very dramatic. In one example he cites, "One child positioned everyone in the family close together at one end of the room and his mother way down at the end of the room, with her right arm and index finger fully extended in a frozen scold." In another example the implications of goal setting as a result of the directness of the drama is demonstrated by:

One little girl (who) sculpted a tableau in which the parents were staring blankly at the girl and her brother, who were between the parents, holding hands with one another but not with the parents. When asked to show what changes she would like to make, the little girl had the parents stand behind the children with the father's arm around the mother's shoulder and the mother's arm around the father's shoulder and each parent taking a child's free hand in his own free hand. (Ferber, 1972, p. 299)

Simon (1972) discusses family sculpting in Family Process, as effective in both therapeutic process and in staff development with therapist trainees. Simon goes on to note that as early as 1923 Moreno had stated, "the therapeutic theatre is the private home. The players of the therapeutic theatre are the occupants of the home." In more recent family therapy literature, Speck (1964) compares the at-home family to actors and notes that, as the dramatic elements unfold, "increases in feeling tone can have a therapeutic effect by reinforcing the emotional aspects of the situation and producing catharsis."

Papp, Silverstein and Carter (1973) utilized family sculpting as their primary therapeutic method in a program of preventative work with "well families". The emphasis of the program was on prevention. It was aimed at reaching families at a particular point in time-pre-crisis-and was based on the assumption that "there was some awareness of tensions and barriers long before the crises appeared." The program was concerned with offering a service in a non-threatening manner, one in which the family did not have to define itself as "sick" in order to participate. The families were self selected, unscreened, taken on a first come first serve basis. No evaluations were given, no histories were taken. Families were assigned to groups strictly on the basis of ages of their children. One group consisted of ages 7-10, another of ages 11-14, and the third, ages 15-17. When they met for the first time in therapy, the therapists and families were strangers. Papp, et. al. in addressing the manner of selection of subjects conclude "the results so far have boosted our contention that there could have been no better way of selecting." The "well" families

were described as having some serious problems but none of the families were in the midst of a "self-defined crisis". In summarizing their findings Papp, et. al. state that the program led to insightful changes in participant families.

In a further discussion of family sculpting as a therapeutic process, Papp, et. al. state:

One of the major advantages of this method is the ability to cut through intellectualization, defensiveness, and projection of blame. Families are deprived of their familiar verbal cues and are compelled to communicate with one another on a more meaningful level. As triangles, alliances, and conflicts are chronographed, they are made concrete and placed in the realms of the visual, sensory, and symbolic areas where there are vastly more possibilities for communication of feelings in all their nuances.

Another advantage of sculpting is the adhesive effect it has on the families. It compels them to think of themselves as a unit with each person a necessary part of that unit affecting every other part. It is impossible to isolate any one intense relationship without seeing the reverberations of it throughout the family. While uniting the family, the sculpting at the same time individuates, as it requires each member to abstract his own personal experience, observe and interpret it. (Papp, Silverstein and Carter, 1965, p. 209)

Summary

This review of literature has focused on: (1) the importance of perceptual agreement in the family. Its role in the fields of Psychology, Psychiatry, and Social Work was established. The views of several well known professionals were cited in terms of the essential role of perceptual agreement in the well adjusted family. Studies were cited showing the relationship of perceptual agreement and psychosomatic illness, suicidal behavior, impact on families of disturbed

children, impact on patients who eventually became chronically ill and hospitalized, etc. (2) Family Therapy and perceptual agreement. The process of family therapy was discussed and the role of perceptual agreement was considered to be a central concept in family therapeutic efforts. (3) An overview of Communication Theory. A basic overview of Communication was cited. Communication Theory was considered because of its major impetus in the process of family therapy and the formulation of therapeutic techniques used there with. (4) Therapeutic Techniques in Family Therapy. A summary of the therapeutic interventions employed in family therapy was given. (5) Family Sculpting. The process of family sculpting was considered in detail. It was perceived by various writers to be one of the most effective, useful and commonly used therapeutic interventions in family therapy. However, notwithstanding its laudatory reputation, this researcher's review of literature did not produce any research evidence as to the actual effectiveness of family sculpting in terms of facilitating perceptual agreement among family members.

CHAPTER III

METHODOLOGY

Population and Sample

The accessible population for this study consisted of families in the Northern Utah and Eastern Idaho areas belonging to religious and social organizations who volunteered as a result of solicitation to participate in a family enrichment and communications study. The solicitation was concerned with offering a service in a non-threatening manner, one in which the families did not have to define themselves as "sick" in order to participate (Papp, et. al., 1973).

The sample consisted of thirty families. The experimental and control groups consisted of fifteen randomly assigned families each. There were two limitations on the selection of the families for the study sample. It was noted in the literature that a married couple without children does in fact constitute a "family", however, because this particular study is interested in perceptual agreement between children and their parents as well as between parents, each family had at least one child. In addition, one child in each family was 12 years old or older. For the purpose of this study each family unit was limited to the father, mother, and one child 12 years old or older, resulting in an equal family size of 3 members for both the experimental and control groups. Descriptive biographical characteristics of the sample are indicated on Tables 1, 2, 3, and 4.

Table 1

Ages of Family Members in the Total Sample

Age-Father	#	Age-Mother	#	Age-Child	#
35	1	33	1	12	1
38	1	36	1	13	3
39	1	39	2	14	2
41	1	40	2	15	4
42	3	41	3	16	8
43	1	42	4	17	7
45	2	44	6	18	2
46	5	47	3	19	2
47	4	48	2	21	1
48	1	49	3		
49	2	50	1		
50	1	51	1		
51	2	53	1		
53	2				
54	1				
57	1				
61	1				
Total	30		30		30

Table 2
Education Level of Family Members in the Total Sample

Years	Father	Mother	Child
Grade 7			2
8	8		5
9		2	3
10			7
11			6
12	9	10	3
College 1	5	6	3
2	5	7	1
3			
4	4	3	
M.S.	6	2	
Total	30	30	30

Table 3
Number of Years Married for Total Sample

Years	Number	Years	Number
14	1	25	2
15	1	26	1
16	1	27	1
17	2	30	2
18	2	31	2
20	2	34	2
22	5	35	2
23	4		
Total			30

Table 4
Childs Birth Position in the Total Sample

Position	Male	Female
1st	4	3
2nd		3
3rd	2	5
4th	5	4
6th	2	1
9th	1	
Total	14	16

Design

The Pretest-Posttest control group design (Campbell and Stanley, 1963) was used in this study. First, the subjects (families) were randomly assigned to the experimental or control group. Second, the pretests (Interpersonal Check List and Family Life Questionnaire) were administered to all subjects in the experimental and control groups. This administration was completed prior to the commencement of the treatment program. The subjects were provided with copies of the ICL and FLQ which they completed in their own home in the presence of the researcher, prior to the introduction of treatment to the experimental group. Third, the experimental group received the treatment (Family Sculpting). During the treatment period the control group received an exercise on individual creativity selected with the express purpose of providing a neutral interim procedure. Thus, the creativity exercise did not provide the control families with instructive or practical aid in improving perceptual agreement. Fourth, all subjects in the experimental and control groups received the posttests (ICL and FLQ). In order to assure protection for both the subjects and the researcher, experimental consent forms were completed and collected from all subject's participating in the study in advance of the treatment implementation.

Treatment/Content Brief

Preceding the actual sculpting of the family the therapist gave the family a brief orientation as to the purpose, procedure, and possible outcomes of family sculpting. The purpose was explained as: utilizing the process of family sculpting as a means of graphically representing

how each family member perceives the family. This was done in order to communicate each individual family member's perceptions of the family to every other family member in order to facilitate more accurate perceptual agreement among family members. The procedure was explained as: a therapeutic process in which each family member would arrange the other members of the family, including him/herself, in a tableau or sculpture which symbolized their emotional relationship with their family. The therapist also explained the possibility of intense emotional experiences which may have developed as a result of family sculpting. The family was assured any and all experiences of the sculpting session would be dealt with in a competent and professional manner, and, if desired, the family was to be provided assistance in securing additional consultation from competent therapists. At the conclusion of the session the therapist allowed adequate closure. The actual sculpting of the family, although unstructured in terms of dealing with the dynamics of the family, included the following basic elements:

- Each member of the family acted as a sculptor.
 - The sculptor was asked to 'sculpt' the family as he or she perceived it to be.
- The therapist queried the sculptor as to the "why" of his/her sculpt and how he/she felt about it.
- The therapist "toured" the tableau, commenting on what he saw and how he interpreted the sculpt.
 - The therapist conversed with the figures, and he invited the sculptor to accompany him in the process of "touring".

-Each sculptor was asked to change the original tableau in any way he/she desired.

-Upon completion of each "sculpt" the entire family was free to comment on their reactions and make clear their feelings in terms of where and how they were placed in the sculpture.

-This process was consistent with each family member.

Data and Instrumentation

The Interpersonal Check List was used as one of the pre and post-tests. The Interpersonal Check List (ICL) developed by Leary (1950) is used for the assessment of personality, especially with the aspects which are concerned with a person's relationships to other individuals. This system of interpersonal assessment has been found to be useful in four major areas: (1) analysis of group dynamics; (2) multilevel clinical diagnosis of an individual, (3) family diagnosis, and (4) research (Leary, 1956).

The ICL consists of 128 items which yield eight interpersonal levels of diagnosis. For each of the eight major interpersonal levels, there are eight adaptive and eight maladaptive responses. The eight major interpersonal diagnostic categories are: (1) managerial-autocratic, (2) competitive-narcissistic, (3) Aggressive-sadistic, (4) Rebellious distrustful, (5) self-effacing-masochistic, (6) docile-dependent, (7) cooperative- over conventional, and (8) responsible-hypernormal.

The ICL comprises 128 items, eight for each of the sixteen interpersonal variables. An intensity dimension has been built into the check list such that each of the sixteen variables is represented by a four point scale. For each variable there is one intensity 1 item

which reflects "a mild or necessary amount of trait". three items refer to intensity 2, "a moderate or appropriate amount of the trait". There are also three items which reflect intensity 3, "a marked or inappropriate amount of the trait". And one word expresses intensity 4, and "extreme amount of the trait". The characteristics descriptive of the first clinical scale (managerial-autocratic) suggested by Leary (1956) in Interpersonal Diagnosis of Personality are:

<u>Scale</u>	<u>Intensity</u>	<u>Word's</u>
1	1	Able to give orders; Well thought of
	2	Forceful; good leader; likes responsibility; makes a good impression; often admired; respected by others
	3	Bossy; Dominating; Manages others; Always giving advice; Acts important Tries to be too successful
	4	Dictatorial; Expects everyone to admire him (Leary, 1956, p. 456)

The ICL is set up on a multilevel basis so that it is possible to have the subject describe himself on a variety of dimensions along with other members of his family. Because of this aspect, this test is most appropriate for the purpose of the present study. Each family member is to describe himself or herself, and each other member of the family.

Reliability. Test-retest reliability correlations derived by Leary (1956) were based on a sample of 77 obese females who were re-tested after a two-week interval. The test-retest correlations are as follows:

Scale	Correlation Coefficient
1. managerial/autocratic	.76
2. competitive/narcissistic	.76
3. aggressive/sadistic	.81
4. rebellious/distrustful	.73
5. self-effacing/masochistic	.78
6. docile/dependent	.83
7. cooperative/over-conventional	.75
8. responsible/hypernormal	.80
Average	.78

The reliability coefficients suggest that the ICL scores have sufficient stability and thus, can be very useful in personality assessment. Due to the extensive use of this instrument and the establishment of good reliability coefficients, the reliability ascertained from previous use will be accepted for this study.

The Family Life Questionnaire was also used in this study both as a pretest-posttest measure and as a tool to discriminate between high and low satisfaction families in the treatment group. The literature contains conflicting views in terms of the differential effect of family sculpting on families described as having problems and families described as not having problems (Papp, et. al., 1973), however, this researcher could find no research evidence to support the stated views. Thus, in addition to the primary analysis, the experimental group was divided into two groups, high and low family satisfaction groups. Additional analysis was conducted to determine the effect of family

sculpting on these two groups. The groups were differentiated based on scores obtained from the Family Life Questionnaire which was administered to all subjects as a pretest-posttest measure.

The Family Life Questionnaire was devised as a measure of harmony and satisfaction in family life. Each item is scored 1 through 4; high scores indicate greater satisfaction and harmony. Individual scores were added to yield a family score. The median of family scores for families participating in the study was computed. Families above the median constituted a satisfied or non-problem group, and families below the median composed a dissatisfied or problem group.

In discussing the reliability of the Family Life Questionnaire, Guerney (1977) reported studies indicating a test-retest reliability ranging from .61 to .84 on the FLQ. A factor analysis (Principal Components Analysis) indicated that the first factor was the total score. In addition, all but one item had factor loading above .2 on the first factor.

In terms of validity, Guerney (1977) cited several studies demonstrating construct and concurrent validity. The FLQ correlated significantly with observed behavior and with tests of marital adjustment, marital communication, parent-adolescent communication, and various semantic differential tests.

CHAPTER IV

RESULTS

The purpose of this study was to investigate the effect of family sculpting on perceptual agreement among family members.

An analysis of covariance was computed on each of the eight scales on the Interpersonal Check List and on the Family Life Questionnaire for each of the three hypotheses, resulting in twenty-seven analyses of covariance. The results will be discussed by examining each of the three hypotheses separately. Due to the large number of analyses available, only the analyses which resulted in differences will be discussed in this chapter. The remaining Tables of Analysis will be included in the Appendix.

Sculpted versus Non-Sculpted Group

Hypothesis number 1 stated that there would be no difference between experimental and control groups in terms of perceptual agreement among family members after family sculpting, as measured by the Interpersonal Check List.

The data on tables 5-8 indicate that a difference did exist for two scales on the ICL, The Competitive Narcissistic scale and the Aggressive-Sadistic scale; thus, the hypothesis stated above was rejected.

Examination of the unadjusted and adjusted means on Table 5 indicate that, for the Competitive-Narcissistic scale, when the pretest means were held constant there was more discrepancy on the posttest

means for the group who received sculpting than for the group who did not receive sculpting.

Examination of the unadjusted and adjusted means on Table 7 indicate that, for the Aggressive-Sadistic scale, when the pretest means were held constant there was less discrepancy on the posttest means for the group who received sculpting than for the group who did not receive sculpting.

Table 5

Summary Table of Unadjusted and Adjusted Means for
Pre and Posttest Scores of Scale 2 (Competitive-Narcissistic)
on the Interpersonal Checklist (High Satisfaction Families)
Using ANCOVA

Group	Unadjusted Means		Adjusted Means
	Pre	Post	
Sculpted	26.87	29.25	27.75
Non-Sculpted	23.00	22.00	22.79

Table 6

Summary Table of Unadjusted and Adjusted Means for Pre and Posttest Scores of Scale 2(Competitive-Narcissistic) on the Interpersonal Checklist (High Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	355.3228	5.121550
Regression	1	1072.661	15.46112
Error	27	69.37798	

Note: For significance at the 0.05 level, $F = 4.21$ with 1 and 27 DF.

Table 7

Summary Table of Unadjusted and Adjusted Means for Pre and Posttest Scores of Scale 3 (Aggressive-Sadistic) on the Interpersonal Checklist (High Satisfaction Families) Using ANCOVA

Group	Unadjusted Means Pre	Unadjusted Means Post	Adjusted Means
Sculpted	26.87	29.25	27.75
Non-Sculpted	23.00	22.00	22.79

Table 8

Summary Table of Analysis of Covariance for Pre and
Posttest Scores of Scale 3 (Aggressive-Sadistic)
on the Interpersonal Checklist (High Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	209.4082	7.189420
Regression	1	973.5635	33.42446
Error	27	29.12728	

Note: For significance at the 0.05 level, $F = 4.21$ with 1 and 27 DF.

Low Satisfaction Sculpted versus Non-Sculpted Group

Hypothesis two stated that there would be no difference between the low satisfaction experimental group and the control group in terms of perceptual agreement among family members after family sculpting as measured by the Interpersonal Checklist.

The data on tables 9 and 10 indicate that a difference did exist for one scale on the ICL, the Competitive-Narcissistic scale. Thus, using the Competitive-Narcissistic scale on the ICL as a measure of discrepancy, the hypothesis stated above was rejected.

Examination of the unadjusted and adjusted means on table 9 indicate that for the Competitive-Narcissistic scale, when the pretest means were held constant there was more discrepancy on the posttest means for the group who received sculpting than for the group that did not receive sculpting.

Table 9

Summary Table of Unadjusted and Adjusted Means for Pre and Posttest Scores of Scale 2 (Competitive-Narcissistic) on the Interpersonal Checklist (Low Satisfaction Families) Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	18.28	25.28	26.70
Non-Sculpted	20.46	17.26	16.60

Table 10

Summary Table of Analysis of Covariance for Pre and Posttest Scores of Scale 2 (Competitive-Narcissistic) on the Interpersonal Checklist (Low Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	473.8540	4.739614
Regression	1	757.7502	9.178342
Error	19	82.55851	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

High Satisfaction Sculpted Versus Non-Sculpted Group

Hypothesis three stated that there would be no difference between the high satisfaction experimental group and the control group in terms of perceptual agreement among family members after family sculpting as measured by the Interpersonal Checklist.

For the high satisfaction group a difference did exist for two scales of the ICL, the Aggressive-Sadistic scale and the Cooperative-Over-Conventional scale (Tables 11-14).

Examination of the unadjusted and adjusted means on tables 11 and 13 indicate that for the Aggressive-Sadistic and Cooperative--Over Conventional scales, when the pretest means were held constant there was less discrepancy on the posttest means for the group who received sculpting than for the group who did not receive sculpting.

Table 11

Summary Table of Unadjusted and Adjusted Means for Pre and Posttest Scores of Scale 3 (Aggressive-Sadistic) on the Interpersonal Checklist (High Satisfaction Families) Using ANCOVA

Group	Unadjusted Means		Adjusted Means
	Pre	Post	
Sculpted	19.25	10.75	12.50
Non-Sculpted	23.80	19.60	18.66

Table 12

Summary Table of Analysis of Covariance for Pre and Posttest Scores of Scale 3 (Aggressive-Sadistic) on the Interpersonal Checklist (High Satisfaction Families)

Source	Degree of Freedom	Mean Squares	F
Treatment	1	188.2820	6.813096
Regression	1	736.3940	26.64686
Error	19	27.63530	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Table 13

Summary Table of Unadjusted and Adjusted Means for Pre and Posttest Scores of Scale 7 (Cooperative-Over Conventional) on the Interpersonal Checklist (high Satisfaction Families) Using ANCOVA

Group	Unadjusted Means		Adjusted Means
	Pre	Post	
Sculpted	22.25	12.87	15.48
Non-Sculpted	28.20	26.33	24.94

Table 14

Summary Table of Analysis of Covariance for Pre and Post-test Scores of Scale 7 (Cooperative-Over Conventional) on the Interpersonal Checklist (High Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	436.5869	9.692655
Regression	1	1205.347	26.75988
Error	19	45.04306	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Other Findings

One week following the implementation of the experimental treatment each subject in the experimental group completed a subjective check list measure constructed by the researcher. The checklist provides self report information on the desirability of the treatment experience and on how the subjects felt family sculpting effected their family. The items from the subjective check list are presented below in Table 15 along with the percentages of responses to each.

Table 15

Percentages of Responses to
Questions on the Subjective Check List

Did family sculpting help you understand your family more?

YES - 73.3% NO - 8.8% PERHAPS - 17.7%

Do you feel you are more aware of your position in your family as a result of family sculpting? YES - 66.6% PERHAPS - 15.5%

NO - 17.7%

What effect do you feel family sculpting had on your family?

POSITIVE - 77.7% NEGATIVE - 8.8% NEUTRAL - 26.6%

Do you feel any different about nay member/members of your family as a result of your experience with family sculpting?

YES - 44.4% PERHAPS - 28.8% NO 26.6%

Do you feel family sculpting was helpful in improving communication for any member/members of your family?

YES - 55.5% PERHAPS - 26.6% NO - 17.7%

Did you become aware of anything about your family as a result of family sculpting which you were not aware of before?

YES - 48.8% PERHAPS - 35.5% NO - 15.5%

Would you recommend family sculpting as a way to improve communication among family members?

YES - 82.2% PERHAPS - 13.3% NO - 4.4%

Do you perceive your family members more accurately as a result of family sculpting?

YES - 66.6% PERHAPS - 22.2% NO - 11.1%

As a result of family sculpting my feelings toward one or more members of my family are:

CLOSER - 62.2% THE SAME - 37.7% MORE DISTANT - 0%

During the sculpting experience were you; VERY COMFORTABLE - 46.6%

AS COMFORTABLE AS NORMAL - 35.5% UNCOMFORTABLE - 6.6%

In your opinion, how important is effective communication among family members? VERY IMPORTANT - 73.3% IMPORTANT - 20.0%

SLIGHTLY IMPORTANT - 6.6%

Table 16 includes the numbers of fathers, mothers and children in the study whose discrepancy scores decreased, increased or remained the same from the pretest to the posttest for each of the eight scales on the ICL.

An examination of the data on table 16 shows that mothers in the experimental group (sculpted group) experienced an increase in discrepancy scores while fathers and children in the same group experienced decreases in their discrepancy scores. This pattern was not evident in the control group (non-sculpted group). The implications at this finding is dealt with in Suggestions For Future Research.

Table 16

Number of Changes in Discrepancy Scores as Measured in the Interpersonal Checklist

Scale	Family Member	Less Discrepancy		More Discrepancy		No Change	
		Sculpted	Non-sculpted	Sculpted	Non-sculpted	Sculpted	Non-sculpted
Managerial/ Autocratic	Father	9	9	3	3	3	3
	Mother	6	7	5	3	4	5
	Child	12	10	1	2	2	3
Competitive/ Narcissistic	Father	6	7	6	4	3	4
	Mother	5	8	8	3	2	4
	Child	8	8	3	5	4	2
Aggressive/ Sadistic	Father	13	8		3	2	4
	Mother	8	8	6	3	1	4
	Child	14	8	1	3		4
Rebellious/ Distrustful	Father	9	6	1	4	5	5
	Mother	7	6	8	4		5
	Child	9	6	2	3	4	6
Self-effacing/ Masochistic	Father	5	6	6	6	4	3
	Mother	3	9	12	3		3
	Child	7	6	4	4	4	5
Docile/ Dependent	Father	6	5	5	5	4	5
	Mother	2	6	12	5	1	4
	Child	9	7	4	7	2	1
Cooperative/ Over-conventional	Father	11	4	2	6	2	5
	Mother	7	9	6	3	2	3
	Child	12	10	2	4	1	1
Responsible/ Hypernormal	Father	5	7	6	3	4	5
	Mother	5	5	9	5	1	5
	Child	11	7	4	5		3

CHAPTER V

DISCUSSION

The major objective of this study was to investigate the effect of family sculpting on perceptual agreement among family members. The discussion chapter will consist of (1) discussion of results, (2) summary and conclusions, (3) limitations, and (4) recommendations for future research.

Discussion of Results

Of the 24 ANCOVA which were computed on theis research data, five resulted in differences large enough to be significant between the posttest means, of the group which received sculpting and the group which did not, when the pretest means were held constant.

An examination of the unadjusted and adjusted means showed that on two of the five analyses, the group which received the experimental treatment showed greater discrepancy between their pre and posttest mean scores than did the control group. On the Competitive-Narcissistic scale the experimental group experienced less perceptual agreement, as determined by their increased discrepancy score, after family sculpting while the level of discrepancy for the control group slightly decreased.

Further examination of the unadjusted and adjusted means indicates that for hypothesis one and three on the Aggressive-Sadistic scale and hypothesis three on the Cooperative-Over Conventional scale, the difference in the posttest scores resulted in more perceptual agreement for the group that received family sculpting than for the group

that did not. Three analyses resulted in greater perceptual agreement for the group that received family sculpting than the non-sculpted group and two analyses resulted in greater perceptual agreement for the group that did not receive family sculpting than the group that did receive sculpting. Family sculpting produced discrepancy scores which resulted in both increases and decreases in perceptual agreement among family members.

These paradoxical findings appear to nullify each other in terms of any predictable effect family sculpting may have on perceptual agreement among family members. However, in considering the results of this study it is suggested that family sculpting may have facilitated changes in perception among family members. In terms of a therapeutic approach, these changes may be of therapeutic value, in breaking down maladaptive family communication patterns so that more healthy patterns may be established.

The data provided from the subjective check list constructed by the researcher indicates an overwhelming majority of the subjects viewed the sculpting experience as facilitative in terms of understanding and perceiving family members more accurately. Seventy-three percent reported understanding their family more clearly as a result of family sculpting. Sixty-six percent reported being more aware of their own position in the family as a result of sculpting. There was 77% of the experimental subjects who considered sculpting to have had a positive effect on the family, and 48% reported new awareness of their family structure as a result of the experimental treatment. Sixty-six percent of the subjects reported perceiving family members more accurately as a result of family sculpting, and 62% reported feeling closer towards

one or more members of their families. No subjects reported feeling more distant. In terms of communication, 82% stated they would recommend family sculpting as a way to improve communication among family members, and when asked how important effective communication among family members is, 73% reported it is very important, and 20% reported it is important. When asked to respond to their own subjective comfort level during the sculpting experience 40% of the subjects reported being very comfortable, 35% reported being as comfortable as normal, and 6% reported being uncomfortable. In responding to the question "what do you feel is the most important aspect of the family sculpting experience?", the responses fell into two categories. The first included responses suggesting that new information was gained about "feelings" of family members which were not known by the entire family prior to the sculpting experience. The second dealt with the awareness of an alternative non verbal form of communication which the subjects considered very helpful in improving family relationships.

Of the 15 experimental families who received the treatment, only one family experienced any intense emotional reaction as a result of family sculpting. This family was introduced to the treatment in the standard procedure described in Chapter IV. The experimenter had invited two of the family's four children to sculpt the family, and both had forgotten to include the father in the family sculpture. After the experimenter had noted the omission of the father, he was then included in the sculpture. However, as a result of his neglect by the other family members he became quite agitated and requested that the experimenter leave the home. Before leaving, the experimenter expressed his desire to assist the father and the family in resolving

the problem which had arisen. This offer was rejected by the father, and the experimenter left the home. The following day the experimenter was contacted by the father and asked to return and complete the treatment session. The conclusion of the treatment proceeded smoothly, and all family members, including the father, reported enjoying the sculpting experience at its conclusion.

Summary and Conclusion

The primary purpose of this study was to investigate the effect of family sculpting on perceptual agreement among family members.

Thirty families, each consisting of a father, a mother, and a child twelve years old or older, from areas of northern Utah and eastern Idaho participated in the study. The following instruments were administered to all individuals: a biographical questionnaire containing items regarding age, sex, occupation, education, number of years married for parents, and birth order position for children; the Interpersonal Checklist in which each family was to describe him/herself and the other members of the family; the Family Life Questionnaire which measures satisfaction in the family; and, finally, the experimental group was also administered a subjective checklist constructed by the researcher which is a self report measure of the subject's experience with the experimental treatment.

Three hypotheses were made regarding the effect that family sculpting would have on perceptual agreement among family members in the experimental groups. To test hypotheses, analyses of covariance were computed for pre and posttest scores on all eight scales of the Interpersonal Checklist, and on the Family Life Questionnaire.

It was found that when the pretest means were held constant there was a difference on posttest means between the group which received family sculpting and the group that did not, on five of the 24 analyses. As a result of these findings all three null hypotheses were rejected. However, notwithstanding a difference did exist, an examination of the unadjusted and adjusted means showed paradoxical results in that the level of perceptual agreement for the group which received family sculpting increased in three instances and decreased in two instances. Thus, it was determined that family sculpting may have facilitated changes in the perceptions of family members, however, it was not found to be effective in increasing perceptual agreement among family members. Further consideration would suggest that, in terms of a therapeutic approach, these possible changes in perception may be of value in breaking down maladaptive family communication patterns and establishing more adaptive ones.

Limitations

It should be kept in mind that, although the population size ($n = 30$, with 3 individuals in each family for a total of 90 individuals) for this study was respectable, the population was identified as a "well" population, and, therefore, generalization to clinical populations is somewhat guarded. In addition, a large percentage of the families who participated in this study are members of a culture which places a high premium on family communication and solidarity. This factor should be considered when considering the findings of this study.

Recommendations for Future Research

From the findings of this study the following suggestions for future research are recommended:

1. Because this study was conducted with a "well" population, it's generalizability to clinical populations is somewhat guarded. Thus, further research with schizophrenogenic family units or other clinical populations is suggested.

2. Future research might also examine the effects of the extended use of sculpting with the family as compared to the solitary implementation effected in the present study.

3. Because, to this researcher's knowledge, this was the first study designed to scientifically examine the effectiveness of family sculpting as a therapeutic intervention, future replication studies are recommended to further validate these research findings.

4. Another study might further investigate the differences between low and high satisfaction family groups and the characteristics indigenous to them as described on the Interpersonal Checklist.

5. Future research might also be conducted using an item by item comparison of the ICL. This research could compare the actual content of the ICL scale items in determining perceptual agreement.

6. It is suggested that future research be conducted using different or additional measures than those implemented in this study.

7. Another area of future research which could be addressed concerns the number of changes in discrepancy scores found on table 16 in the results section. This data suggest that while fathers and childrens discrepancy scores generally decreased, the discrepancy scores for mothers increased after family sculpting. Research which seeks to explain these findings is encouraged.

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APPENDIX

BIOGRAPHICAL QUESTIONNAIRE

NAME* : _____

PHONE: _____

If no phone, address: _____

SEX: _____ Male _____ Female

AGE: _____

EDUCATIONAL LEVEL: _____

OCCUPATION: _____

RELIGIOUS AFFILIATION:

_____ Protestant

_____ Roman Catholic

_____ LDS

_____ Jewish

_____ None

_____ Other

NUMBER OF YEARS MARRIED (Parents): _____

FAMILY POSITION:

_____ Father

_____ Mother

_____ Child by order of birth, 1st, 2nd, etc.

*This data will be handled professionally and confidentially and in NO way will a name or a family be identified with the test scores or results of this study.

FAMILY LIFE QUESTIONNAIRE

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Age _____ Sex _____

This is a questionnaire about how you and your family get along together. There are four possible responses to each of the questions.

You may answer:

<u>Y</u>	<u>y</u>	<u>n</u>	<u>N</u>
"Yes" Strongly agree	"Yes" Mildly agree, or "Yes" but not so sure	"No" Mildly disagree, or "No" not so sure	"No" Strongly disagree

Put a circle around the letter that shows your feelings. Your feeling may have been different in the past, and may be different later, but we are interested in your feelings right now, at this point in time.

Be sure to put a circle around one response for each question. Do not spend too much time on any one question. Please answer frankly and honestly.

Remember always to include yourself as part of the family when thinking of "one of us".

	<u>YES</u>	<u>yes</u>	<u>no</u>	<u>NO</u>
1. It's easy to laugh and have fun when we are together.	Y	y	n	N
2. At least one of us gets angry about very unimportant things.	Y	y	n	N
3. At least one of us doesn't enjoy life enough because he or she is too busy doing what other people want or expect.	Y	y	n	N
4. Except for the kids too young to go to school, there is very little crying that goes on in our house.	Y	y	n	N
5. We are more relaxed when we are together than most families I know.	Y	y	n	N
6. At least one of us often says very nice things about others in the family.	Y	y	n	N
7. At least one of us gets things his or her own way too much.	Y	y	n	N
8. At least one person in the family is picked on too much.	Y	y	n	N
9. Most of the time someone is arguing with someone else in our family.	Y	y	n	N

10.	I don't expect other members of my family to even understand the way I feel about certain things.	Y	y	n	N
11.	All things considered, I doubt if there are many families that are as happy with each other as we are.	Y	y	n	N
12.	I have some feelings that I don't want anyone in the family to know about.	Y	y	n	N
13.	One of us is always criticizing or correcting another.	Y	y	n	N
14.	When I've been away from my family most of the day, I feel very good about getting back home.	Y	y	n	N
15.	We usually have a pleasant time during supper at our house.	Y	y	n	N
16.	There is very little lying done by anyone in our family.	Y	y	n	N
17.	At least one of us wants other people to do things for him or her too much of the time.	Y	y	n	N
18.	We find it hard to agree on things to do together.	Y	y	n	N
19.	At least one of us can't stand being criticized even when he or she is wrong.	Y	y	n	N
20.	I really enjoy being with my family most of the time.	Y	y	n	N
21.	We should be more like another family I know.	Y	y	n	N
22.	At least one of us often says things that hurt the feelings of another.	Y	y	n	N
23.	Whatever kind of trouble I might be having I feel I can tell one person or another in my family about it.	Y	y	n	N
24.	All in all, we are very nice to each other.	Y	y	n	N

SUBJECTIVE CHECKLIST

NAME-----

(Please circle one response)

1. Did family sculpting help you understand your family more? YES - NO - PERHAPS
2. Do you feel you are more aware of your position in your family as a result of family sculpting? YES - Perhaps - NO
3. What effect do you feel family sculpting had on your family? POSITIVE - NEGATIVE - NEUTRAL
4. Do you feel any different about any member/members of your family as a result of your experience with family sculpting? YES - PERHAPS - NO
5. Do you feel family sculpting was helpful in improving communication for any member/members of your family? YES - PERHAPS - NO
6. Did you become aware of anything about your family as a result of family sculpting which you were not aware of before? YES - PERHAPS - NO
7. Would you recommend family sculpting as a way to improve communication among family members? Yes - PERHAPS - NO
8. Do you perceive your family members more accurately as a result of family sculpting? YES - PERHAPS - NO
9. As a result of family sculpting my feelings toward one or more members of my family are: CLOSER - THE SAME - MORE DISTANT
10. During the sculpting experience were you: VERY COMFORTABLE - AS COMFORTABLE AS NORMAL - UNCOMFORTABLE - VERY UNCOMFORTABLE
11. In your opinion, how important is effective communication among family members? VERY IMPORTANT - IMPORTANT - SLIGHTLY IMPORTANT - IT DOES NOT MATTER
12. What do you feel was the most important aspect of the family sculpting experience? (Please comment) _____

PLEASE MAKE ANY ADDITIONAL COMMENTS YOU WOULD LIKE ABOUT THE FAMILY SCULPTING EXPERIENCE. _____

THANK YOU.

Table 17

Summary Table of Unadjusted and Adjusted Means
for Pre and Posttest Scores on the
Family Life Questionnaire Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	22.63	23.33	23.31
Non-Sculpted	22.59	23.16	23.18

Table 18

Summary Table of Analysis of Covariance for
Pre and Posttest Scores on
the Family Life Questionnaire

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	12.59660	.3656891
Regression	1	12824.20	37.22965
Error	27	344.4619	

Note: For significance at the 0.05 level, $F = 4.21$ with 1 and 27 DF.

Table 19

Summary Table of Unadjusted and Adjusted
Means for Pre and Posttest Scores on
the Family Life Questionnaire
(Low Satisfaction Families) Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	20.34	21.18	22.66
Non-Sculpted	23.19	23.56	22.87

Table 20

Summary Table of Analysis of Covariance
for Pre and Posttest Scores on the
Family Life Questionnaire
(Low Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	15.85370	.4996924
Regression	1	7000.078	22.06354
Error	19	317.2691	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Table 21

Summary Table of Unadjusted and Adjusted
Means for Pre and Posttest Scores on
the Family Life Questionnaire
(High Satisfaction Families) Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	24.63	25.21	24.25
Non-Sculpted	22.99	23.56	24.07

Table 22

Summary Table of Analysis of Covariance
for Pre and Posttest Scores on the
Family Life Questionnaire
(High Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	15.25579	.3443694
Regression	1	6640.078	14.98867
Error	19	443.0065	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Table 23

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Summary Table of Unadjusted and Adjusted
Means for Pre and Posttest Scores of Scale
Managerial-Autocratic on the Interpersonal Checklist
Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	22.46	18.33	18.04
Non-Sculpted	21.60	17.53	17.82

Table 24

Summary Table of Analysis of Covariance
for Pre and Posttest Scores of Scale
Managerial-Autocratic on the
Interpersonal Checklist

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	.3730551	.1485981
Regression	1	619.2326	24.66574
Error	27	25.10497	

Note: For significance at the 0.05 level, $F = 4.21$ with 1 and 27 DF.

Summary Table of Unadjusted and Adjusted Means
for Pre and Posttest Scores of Scale
Managerial-Autocratic on the Interpersonal Checklist
(Low Satisfaction Families) Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	24.14	21.71	20.55
Non-Sculpted	21.60	17.53	18.72

Table 26

Summary Table of Analysis of Covariance
for Pre and Posttest Scores of Scale
Managerial-Autocratic on the Interpersonal Checklist
(Low Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	28.81370	1.108107
Regression	1	551.1117	21.19445
Error	19	26.00264	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Table 27

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Summary Table of Unadjusted and Adjusted Means
for Pre and Posttest Scores of Scale
Managerial-Autocratic on the Interpersonal Checklist
(Low Satisfaction Families) Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	24.75	15.37	15.73
Non-Sculpted	21.60	17.53	17.33

Table 28

Summary Table of Analysis of Covariance for
Pre and Posttest Scores of Scale
Managerial Autocratic on the Interpersonal Checklist
(High Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	13.32070	.5127281
Regression	1	448.0076	17.24430
Error	19	25.98004	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Summary Table of Unadjusted and Adjusted Means
for Pre and Posttest Scores of Scale
Competitive-Narcissistic on the Interpersonal Checklist
(High Satisfaction Families) Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	11.37	14.00	17.82
Non-Sculpted	20.60	17.26	15.22

Table 30

Summary Table of Analysis of Covariance for
Pre and Posttest Scores of Scale Competitive-Narcissistic
on the Interpersonal Checklist (High Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	23.34872	.3158110
Regression	1	350.2821	4.737859
Error	19	73.92356	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Summary Table of Unadjusted and Adjusted Means
for Pre and Posttest Scores of Scale Aggressive-Sadistic
on the Interpersonal Checklist (Low Satisfaction Families)
Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	24.00	15.14	15.05
Non-Sculpted	23.80	19.60	19.64

Table 32

Summary Table of Analysis of Covariance for
Pre and Posttest Scores of Scale Aggressive-Sadistic
on the Interpersonal Checklist (Low Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	100.5443	3.012074
Regression	1	758.2292	22.71479
Error	19	33.38042	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Summary Table of Unadjusted and Adjusted Means
for Pre and Posttest Scores of Scale
Rebellious-Distrustful on the Interpersonal Checklist
Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	19.06	15.06	16.75
Non-Sculpted	22.80	19.20	17.51

Table 34

Summary Table of Analysis of Covariance for
Pre and Posttest Scores of Scale
Rebellious-Distrustful on the Interpersonal Checklist

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	4.079854	.9026911
Regression	1	1945.026	43.03483
Error	27	45.19656	

Note: For significance at the 0.05 level, $F = 4.21$ with 1 and 27 DF.

Table 35

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Summary Table of Unadjusted and Adjusted Means
for Pre and Posttest Scores of Scale
Rebellious-Distrustful on the Interpersonal Checklist
(Low Satisfaction Families) Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	21.42	20.85	21.78
Non-Sculpted	22.80	19.20	18.76

Table 36

Summary Table of Analysis of Covariance for
Pre and Posttest Scores of Scale
Rebellious-Distrustful on the Interpersonal Checklist
(Low Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	43.26853	.9350156
Regression	1	1606.018	34.70542
Error	19	46.27573	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Table 37

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Summary Table of Unadjusted and Adjusted Means
for Pre and Posttest Scores of Scale
Rebellious-Distrustful on the Interpersonal Checklist
(High Satisfaction Families) Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	17.00	10.00	12.81
Non-Sculpted	22.80	19.20	17.69

Table 38

Summary Table of Analysis of Covariance for
Pre and Posttest Scores of Scale
Rebellious-Distrustful on the Interpersonal Checklist
(High Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	112.7411	4.011777
Regression	1	938.4495	33.74606
Error	19	28.10253	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Table 39

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Summary Table of Unadjusted and Adjusted Means
Pre and Posttest Scores of Scale
Self-effacing-Masochistic on the Interpersonal
Checklist Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	18.80	20.46	21.89
Non-Sculpted	25.20	23.06	21.64

Table 40

Summary Table of Analysis of Covariance
for Pre and Posttest Scores of Scale
Self-effacing-Masochistic on the Interpersonal
Checklist

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	.3894112	.6417592
Regression	1	318.3414	5.246345
Error	27	60.67871	

Note: For significance at the 0.05 level, $F = 4.21$ with 1. and 27 DF.

Table 41

Summary Table of Unadjusted and Adjusted Means
for Pre and Posttest Scores of Scale
Self-effacing-Masochistic on the Interpersonal
Checklist Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	22.00	27.71	23.64
Non-Sculpted	25.20	23.06	22.63.

Table 42

Summary Table of Analysis of Covariance for
Pre and Posttest Scores of Scale
Self-effacing-Masochistic on the Interpersonal
Checklist (Low Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	4.726952	.6693247
Regression	1	190.5307	2.697867
Error	19	70.62270	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Table 43

Summary Table of Unadjusted and Adjusted
Means for Pre and Posttest Scores of Scale Self-effacing-
Masochistic on the Interpersonal Checklist
(High Satisfaction Families)
Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	16.00	18.50	22.03
Non-Sculpted	25.20	23.06	21.18

Table 44

Summary Table of Analysis of Covariance
for Pre and Posttest Scores of Scale Self-effacing-Masochistic
on the Interpersonal Checklist
(High Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	2.749481	.4253092
Regression	1	408.0005	6.311241
Error	19	64.64664	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Table 45

Summary Table of Unadjusted and Adjusted
Means for Pre and Posttest Scores of Scale
Docile-Dependent on the Interpersonal Checklist
Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	19.86	24.26	27.04
Non-Sculpted	27.06	26.00	23.22

Table 46

Summary Table of Analysis of Covariance
for Pre and Posttest Scores of Scale
Docile-Dependent on the Interpersonal Checklist

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	87.96374	.9874998
Regression	1	961.8483	10.79792
Error	27	890.7722	

Note: For significance at the 0.05 level, $F = 4.21$ with 1 and 27 DF.

Summary Table of unadjusted and Adjusted Means
for Pre and Posttest Scores of Scale Docile-Dependent
on the Interpersonal Checklist
(Low Satisfaction Families) Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	21.14	25.42	27.79
Non-Sculpted	27.06	26.00	24.82

Table 48

Summary Table of Analysis of Covariance for Pre
and Posttest Scores of Scale Docile-Dependent
on the Interpersonal Checklist
(Low Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	41.21356	.4322902
Regression	1	498.2974	5.226655
Error	19	95.33773	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Summary Table of Unadjusted and Adjusted
Means for Pre and Posttest Scores of Scale
Docile-Dependent on the Interpersonal Checklist
(High Satisfaction Families) Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	18.75	22.00	26.49
Non-Sculpted	27.60	25.46	23.06

Table 50

Summary Table of Analysis of Covariance
for Pre and Posttest Scores of Scale Docile-Dependent
on the Interpersonal Checklist
(High Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	46.01824	.4833623
Regression	1	739.6446	7.769014
Error	19	95.20444	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Summary Table of Unadjusted and Adjusted
Means for Pre and Posttest Scores of Scale
Cooperative-Over-Conventional on the
Interpersonal Checklist Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	24.80	17.93	18.96
Non-Sculpted	28.20	25.13	24.09

Table 52

Summary Table of Analysis of Covariance
for Pre and Posttest Scores of
Scale Cooperative-Over-Conventional
on the Interpersonal Checklist

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	192.8417	2.697541
Regression	1	1294.491	18.10782
Error	27	71.48797	

Note: For significance at the 0.05 level, $F = 4.21$ with 1 and 27 DF.

Table 53

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Summary Table of Unadjusted and Adjusted
Means for Pre and Posttest Scores of Scale
Cooperative-Over-Conventional on the
Interpersonal Checklist (Low Satisfaction Families)
Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	27.71	23.71	23.89
Non-Sculpted	28.20	25.13	25.04

Table 54

Summary Table of Analysis of Covariance
for Pre and Posttest Scores of Scale
Cooperative-Over-conventional on the
Interpersonal Checklist (Low Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	6.370767	.7558973
Regression	1	777.8258	9.228974
Error	19	84.28085	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Table 55

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Summary Table of Unadjusted and Adjusted Means
for Pre and Posttest Scores of Scale
Responsible-Hypernormal on the Interpersonal Checklist
Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	27.33	29.13	27.85
Non-Sculpted	23.00	22.66	23.94

Table 56

Summary Table of Analysis of Covariance for
Pre and Posttest Scores of Scale
Responsible-Hypernormal on the Interpersonal Checklist

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	110.3174	1.356077
Regression	1	1364.607	16.77445
Error	27	81.35035	

Note: For significance at the 0.05 level, $F = 4.21$ with 1 and 27 DF.

Summary Table of Unadjusted and Adjusted Means
for Pre and Posttest Scores of Scale
Responsible-Hypernormal on the Interpersonal Checklist
(Low Satisfaction Families) Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	27.85	29.00	27.17
Non-Sculpted	23.00	22.00	22.84

Table 58

Summary Table of Analysis of Covariance for
Pre and Posttest Scores of Scale Responsible-Hypernormal
on the Interpersonal Checklist
(Low Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	85.55083	.9968060
Regression	1	739.2260	8.614348
Error	19	85.82495	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

Table 59

Summary Table of Unadjusted and Adjusted Means
for Pre and Posttest Scores of Scale Responsible-Hypernormal
on the Interpersonal Checklist (High Satisfaction Families)
Using ANCOVA

Group	Unadjusted Pre	Means Post	Adjusted Means
Sculpted	26.87	29.25	27.75
Non-Sculpted	23.00	22.00	22.79

Table 60

Summary Table of Analysis of Covariance
for Pre and Posttest Scores of Scale
Responsible-Hypernormal on the Interpersonal Checklist
(High Satisfaction Families)

Source	Degrees of Freedom	Mean Squares	F
Treatment	1	124.9877	2.172025
Regression	1	1194.614	20.75990
Error	19	57.54331	

Note: For significance at the 0.05 level, $F = 4.38$ with 1 and 19 DF.

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Among Family Members

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